

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 09/10/2012
 Voucher Vchr VchrLineDescr

000197359 9/14/12

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount	
Number	Line	Line#	Description	Withhold	Year	Month							
00308078	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001		2013	09	0000093027	Adams, R. 8.28-8	435.00
Total For Voucher												435.00	

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Voucher ID: 00308078
 Voucher Style: Regular
 Invoice Number: Adams, R. 8.28-8.31.12
 Invoice Date: 09/04/2012
 Total: 435.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now ☒ Schedule Payments ☐

Saved

Payment Information

Scheduled Payment: 1
 Remit to: 0000097303
 Location: 001
 Address: 1
 Gross Amount: 435.00 USD
 Discount: 0.00 USD
 Scheduled Due: 09/04/2012
 Net Due: 09/04/2012
 Discount Due:
 Accounting Date:
 Late Charge ☐ Discount Denied ☐

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Payment Method	
*Bank:	WFB10
*Account:	B
*Method:	ACH
Message:	ACH
Message will appear on remittance advice.	

Pay Group:
 Handling: RE
 Netting: N

Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 8.28-8.31.12
Voucher ID: 00308078 Invoice Date: 09/04/2012
Voucher Style: Regular Total: 435.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay Unmatched Voucher



Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:  

Tax Group

Saved

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
AGENCY CODE 66500

VOUCHER NUMBER

00308078

DATE 8/28/12

NAME Richard Adams

CAR LICENSE NUMBER GS 1984

POST OF DUTY
Ruidoso

SOCIAL SECURITY NUMBER

0500091303

MODEL Nissan

RESIDENCE
Ruidoso

PROPOSED
(ADVANCE VOUCHER)

☐

NORMAL WORK DAY 8am to 5pm

YEAR 2011

ACTUAL
(RECOUPMENT VOUCHER)

☒

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OR OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
8/28/12	7:00am		Depart Ruidoso to Santa Fe to meet with staff and Cabinet Secretary Overnight Santa Fe rates apply*				135.00		135.00
8/29/12			Overnight Santa Fe rates apply*				135.00		135.00
8/30/12			Overnight Santa Fe rates apply*				135.00		135.00
8/31/12		7:00pm	Depart Santa Fe to Ruidoso Partial day per diem-12.0 hrs				30.00		30.00
PER DIEM IS BASED ON (CHECK ONE)				TOTALS					
ACTUAL				435.00					
APPROVED RATES				435.00					
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.				Adjusted Reimbursement					
Employee Signature				Date					

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

I, Richard Adams

do solemnly swear that the above claim for reimbursement is true and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE X

Richard Adams 8/28/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:		Meeting with Cabinet Secretary in Santa Fe.			
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	08/27/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	08/28/12	Time:	07:00 AM	Return Date: (month/day/yr)	8/31/12
					Time:	07:00 PM
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between;"> Employee Signature Date 8/28/12 </div>	<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between;"> Supervisor/Bureau Chief Signature Date </div>
<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between;"> Division Director/Hospital Administrator (As per specific division requirements) Date </div>	<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between;"> Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) Date 8/31/12 </div>